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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). I hereby appoint: 26158 Practitioners associated with the Customer Number: Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name Registration Registration Number Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b) Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: 26158 **√** The address associated with Customer Number: ORFirm o Individual Name Address State City Zip Country Telephone Assignee Name and Address: High Point Pharmaceuticals, LLC 4170 Mendenhall Oaks, Parkway High Point, North Carolina 27265 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3,73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record e individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date Name Telephone 33/ Showalto Affair Title

information is required by 37 CFR-1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to flie (er Into condition on mornation is required by 2 (CM-A), 1, 32 and 1.33. In a significant of a FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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